STATEMENT OF

FORM 1	ORGANIZ (See instructi			Office use only
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Wells Fargo a	nd Company North Carolina Em	ployees Good Governmer	nt Fund	
ADDRESS (number and	street) 301 South College	Street _		
(Check if address is changed)	s <u> </u>			
	Charlotte		NC	28288 - 0024
		CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e			
X (Check if address is changed)	s kai.c.bjerkness@we	ellsfargo.com		
COMMITTEE'S WEE	PAGE ADDRESS (URL)			
(Check if address is changed)	s <u> </u>		11111	
			11111	
2. DATE 1.0	D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	ATION NUMBER	C C00429852		
4. IS THIS STATE	MENT NEW (N) OR	X AMENDED (A)		
I certify that I have exam	ined this Statement and to the best of my kr	-	t and complete	
Type or Print Name of	Treasurer Mr. Scott Cham	pion		
Signature of Treasure	r Electronically Filed by Mr. Scot	t Champion	Date 10 ^M	28 YYYYY 2009
NOTE: Submission of fa	alse, erroneous, or incomplete information m	ay subject the person signing this S	·	es of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Communication Toll Free 800-424-953 Local 202-694-1100	nission	FEC FORM 1 (Revised 02/2009)